As Passed by the House

134th General Assembly

Regular Session 2021-2022

H. B. No. 136

Representative Lipps

Cosponsors: Representatives Russo, Cutrona, Lepore-Hagan, Carfagna, Carruthers, Crossman, Edwards, Fraizer, Galonski, Ghanbari, Ginter, Hillyer, Koehler, Leland, Miller, J., O'Brien, Oelslager, Pavliga, Riedel, Roemer, Sheehy, Troy, Weinstein, West, White, Young, T., Speaker Cupp

A BILL

Го	amend section 5162.06 and to enact sections	1
	5164.061 and 5167.15 of the Revised Code	2
	regarding Medicaid coverage of chiropractic	3
	services.	4

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That section 5162.06 be amended and sections	5
5164.061 and 5167.15 of the Revised Code be enacted to read as	6
follows:	7
Sec. 5162.06. (A) Notwithstanding any other state statute	8
except for section 5164.061 of the Revised Code, no component,	9
or aspect of a component, of the medicaid program shall be	10
implemented without all of the following:	11
(1) Subject to division (B) of this section, if the	12
component, or aspect of the component, requires federal	13
approval, receipt of the federal approval;	14
(2) Sufficient federal financial participation for the	15

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component or aspect of the component;	16	
(3) Sufficient nonfederal funds for the component or	17	
aspect of the component that qualify as funds needed to obtain	18	
the federal financial participation.	19	
(B) A component, or aspect of a component, of the medicaid	20	
program that requires federal approval may begin to be	21	
implemented before receipt of the federal approval if federal	22	
law authorizes implementation to begin before receipt of the	23	
federal approval. Implementation shall cease if the federal	24	
approval is ultimately denied.	25	
Sec. 5164.061. (A) As used in this section:	26	
(1) "Prescriber" has the same meaning as in section	27	
4729.01 of the Revised Code, but does not include a dentist,		
<pre>optometrist, or veterinarian.</pre>	29	
(2) "Prior authorization requirement" means any practice	30	
in which coverage of a health care service, device, or drug is	31	
dependent upon a recipient or health care practitioner obtaining		
approval from the medicaid program prior to the service, device,	33	
or drug being performed, received, or prescribed, as applicable.	34	
(B) (1) The medicaid program shall cover evaluation and	35	
management services provided by a chiropractor if the	36	
chiropractor is licensed to practice chiropractic under Chapter	37	
4734. of the Revised Code.	38	
(2) The medicaid director may adopt rules under section	39	
5164.02 of the Revised Code to cover other services provided by	40	
a chiropractor under the medicaid program.	41	
(3) With respect to the coverage described in this	42	
section, all of the following apply:	43	

Section 2. That existing section 5162.06 of the Revised

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Code is hereby repealed.